



K-State Research & Extension Horticulture
 1712 Claflin, 2021 Throckmorton Plant Sciences Center
 Manhattan, KS 66506-5507
 Phone: (785) 532-6173 Fax: (785) 532-6949

Dear Turfgrass Exhibitors:

We would like to invite you to be an exhibitor at the **2023 Kansas Turf & Ornamentals Field Day on Thursday, August 3** at the **K-State Research & Extension Center in Olathe**. A copy of the brochure is attached.

The \$35.00 exhibitor registration fee includes **one** 10x20 booth space, **one** registration and a box lunch. Additional booth space will be at a \$25.00 cost per 10x20 exhibit space. Additional registrations are \$35.00 per person. Exhibit space will be assigned on a first-come, first-serve basis. Please return this form by **July 20** in order to secure a spot at this year's field day.

If you would like to help sponsor the lunch and receive recognition at the event, on the website and in the newsletter, please indicate on the form.

Sincerely,



Kansas State University Agricultural Experiment Station and Cooperative Extension Service
 K-State, County Extension Councils, Extension Districts, and U.S. Department of Agriculture Cooperating.

Jack Fry
 Extension Turfgrass Specialist

K-State Research and Extension is an equal opportunity provider and employer.
 Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended. Kansas State University, County Extension Councils, and United States Department of Agriculture Cooperating, Ernie Minton, Dean.



2023 Kansas Turf & Ornamentals Field Day
Exhibitor's Registration Form
OR register online at <https://2023FieldDayExhibitor.eventbrite.com>

Company name _____
 Mailing address _____
 City _____ State _____ Zip _____ Phone _____
 E-mail address _____

EACH EXHIBIT SPACE INCLUDES ONE REGISTRATION and LUNCH

Amount of booth spaced needed:

_____ 1 10x20 exhibit space @ \$35.00	\$ _____
_____ Additional 10x20 @ \$25.00 each	\$ _____
_____ Additional registrations @ \$35.00 each	\$ _____
_____ LUNCH SPONSOR @ \$250	\$ _____
_____ <i>(Includes registration fee)</i>	
TOTAL	\$ _____

PAYMENT:

Check payable to Kansas Turfgrass Foundation enclosed.
 Credit card Type: _____ No. _____ Exp. _____ 3-4 digit CID _____
 Name on card (printed) _____

Names for badges:

Return by July 20 to:

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 Manhattan, KS 66506-5507

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 cdipman@ksu.edu
 Fax: (785) 532-6949